

**TRANSMITTAL  
FORM**

JFW AF/3652/10

Application Number	10/602,946
Filing Date	June 24, 2003
First Named Inventor	Andrea Cinotti
Art Unit	3652
Examiner Name	Donald W. Underwood
Attorney Docket Number	048562-9004

Total Number of Pages in This Submission

7

**ENCLOSURES (check all that apply)**

- ☒ Amendment/Reply  
☐ Before Final  
☒ After Final (5 pages)  
☐ Affidavits/Declarations  
☐ Information Disclosure Statement  
☐ PTO/SB/08A (or 08B) Forms  
☐ Cited References  
☐ Certified Copy of Priority Document  
☐ Response to Missing Parts/Incomplete Application  
☐ Terminal Disclaimer  
☐ Status Letter  
☐ Other:

**PETITION FOR EXTENSION OF TIME**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

- ☐ Applicant(s) claims small entity status under 37 CFR 1.27.  
☒ Applicant(s) petitions for a two-month extension of time and pay the fee of \$450.00 (37 CFR 1.17(a)(1)-(5)).  
☐ Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

**CLAIMS FEES**

- ☒ No additional claim fee is required.

				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	5	-	23	=0	x 25=	\$	x 50=
Independent	1	-	3	=0	x 100=	\$	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 180=	\$	+ 360=

**FEES**

- |  |          |
|--|----------|
| <input type="checkbox"/> Additional Claim Fee                      | \$0.00   |
| <input checked="" type="checkbox"/> Extension fee for two-month    | \$450.00 |
| <input type="checkbox"/> Information Disclosure Statement          | \$0.00   |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration | \$0.00   |
| <input type="checkbox"/> Terminal Disclaimer                       | \$0.00   |

**TOTAL FEES** \$450.00**PAYMENT OF FEES**

- ☐ A check in the amount of \$ is enclosed.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. Duplicate copy of this transmittal enclosed for this purpose.
- ☒ The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$450.00.

**SIGNATURE OF ATTORNEY**

Larry L. Saret, Reg. No. 27,674  
MICHAEL BEST & FRIEDRICH, LLP  
401 North Michigan Avenue, Suite 1900  
Chicago, IL 60611  
Telephone: (312) 222-0800

Signature

Date:

Oct 7, 2005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is:

- ☐ being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.
- ☒ deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name

Elizabeth M. Campbell Tressler

Signature

Date: 10/2/05